

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

State of Wisconsin, Plaintiff

-VS-

_____, Defendant
Name

Date of Birth

DOC No. _____

Case No. _____

**Petition and Order
for Civil Judgment**

- ☐ Probation Revoked
☐ Probation Discharged
☐ Parole Terminated
☐ Extended Supervision
Terminated

Defendant's Address

I am a representative of the Department of Corrections and state that:

1. The defendant was

- ☐ placed on probation and the probation has been revoked, or the defendant was discharged.
☐ sentenced to prison and the term of parole or extended supervision has terminated.

2. The defendant has failed to complete the following conditions of probation, parole, or extended supervision:

☐ Restitution: ☐ See attached.

Name

Address

Amount Unpaid

☐ Supervision Fees:

Amount \$ _____

Payee: Department of Corrections, PO Box 8980, Madison, WI 53704

I request that the court grant judgment against the defendant for these unpaid conditions of probation, parole or extended supervision.

Signature of Agent	Name Typed or Printed	Agent Number	Date

THE COURT ORDERS:

- ☐ 1. Judgment is granted against the defendant in favor of the victim(s) listed in paragraph 2 above for the amount unpaid.
☐ 2. Judgment is granted against the defendant in favor of the Department of Corrections for unpaid supervision fees in the amount of \$ _____.
3. The clerk enter this judgment on the judgment and lien docket without fee.

BY THE COURT:

Distribution:

1. Court – Original
2. Defendant
3. District Attorney
4. Dept. of Corrections
5. Victim(s)

Circuit Court Judge

Name Printed or Typed

Date